

South Dakota Board of Nursing

South Dakota Department of Health 722 Main Street, Suite 3; Spearfish, SD 57783 (605) 642-1388; Fax: (605)642-1389; www.state.sd.us/doh/nursing

Nurse Aide Application for Re-Approval of Training Program

Nurse Aide (NA) Training Programs in South Dai RSD 44:04:18:15. Approval status is granted for ithin 90 days after receipt of the application. Sen	a two-ye	ar period. Written	approval or denia	al of approval will be issued
722 Mai	akota Boa in Street, ! ah, SD 577			
Name of Institution: Jenleins 1 Address: 215 S. Maple St.	ivin W	g Cente atertown	r , SD <i>51</i>	201
Phone Number: 605-886-5777	Fax 1	Number: <u>605</u>	-886-6	790
E-mail Address of Faculty: 910 ria @ je				
Request re-approval without changes to prog curriculum 1. List personnel and licensure information 2. Complete evaluation of the curriculum Request re-approval with faculty changes and 1. List personnel and licensure information, 2. Complete evaluation of the curriculum 3. Submit documentation to support request 1. List Personnel and Licensure Information Program Coordinator must be a registered reprovision of long-term care services. The Director cut may not perform training while serving as DO	d/or curriculated curriculation: nurse with or of Nursi	culum changes riculum vitas, resun ulum changes n 2 years nursing sing (DON) may serv	nes, or work histo	ory for new personnel
out may not perform daming write serving as oc	II. (AIGD		RN LICENSE	
Name of Program Coordinator	State	Number	Expiration Date	Verification (Completed by SDBON)
Gloria Ristvedt RN	150	RO11362	12/13/15	Cht n
If requesting new Program Coordinator, a Primary Instructor must be a licensed nurse (forovision of long-term care services. The primary	RN or LPN) with 2 years nursi or is the actual teach	na experience, at	least one of which is in the zerial. (ARSD 44:04:18:11)
Name of Primary Instructor	State	Number	Expiration Date	Verification (Completed by SDBON)
Barbara Olson, RN	ISD.	18026156	4/10/15	875 hr
☐ If requesting new Primary Instructor, atta supporting previous experience in teaching	ach currici no adults i	ulum vita, resume, o within the past five	or work history, a years or docume	ntation of completing a

practice, i.e. additional licensed nurses, social worker, physical therapist. Supplemental Personnel, attach curriculum vita, resume, or work history.

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	THE REPORT OF THE			11 (12)	LICENSURE/	रह्लाहारमञ्ज	
	Supplemental Perso	n	nel & Credentials	State	Number	Spratton Date	Verification (Completed by
	A DE CONTRACTOR OF THE CONTRAC	\$,	.S.D	a 160 67 hay 1 had 2 had		1
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The State of the last							

2. Complete Evaluation of the Curriculum: Indicate compliance relative to each standard during the previous two years. Explain any "no" responses on a separate sheet of paper. (Pursuant to ARSD 44:04:18 07, the Department of Health may conduct an unannounced on-site visit to determine compliance with requirements.)

\$	tandard	Yes	No
	Program was no less than 75 hours.	V	
•	Provided minimum 16 hours of instruction prior to students having direct patient contact.		
6	Provided minimum 16 hours of supervised practical instruction; instructor ratio did not exceed 8 students for one instructor.	بب	
	Provided instruction on each content area (see ARSD 44:04:18:15):	1/	
	Basic nursing skills	1	
	Personal care skills	1	
-	Mental health and social services	1	
	Care of cognitively impaired clients	/	
	Basic restorative nursing services	1/	
	Residents' rights	W.	
	Students did not perform any patient services until after the primary instructor found the student to be competent	V	
•	Your agency maintains a 75% pass rate of students on the competency evaluation (written and skills exam taken through the SD Healthcare Association).	v	

3. Submit Documentation to Support Requested Curriculum Changes:
Name of Course (if applicable):
A variety of teaching methods may be utilized in achieving the classroom instruction such as independent study, video instruction, and online instruction. ———————————————————————————————————
Submit documentation that supports requirements listed in ARSD 44:04:18:15, including: Behaviorally stated objectives with measurable performance criteria for each unit of curriculum Curriculum, objectives and agenda documenting the requirements for the minimum 75 hour course as follows: A minimum of 16 hours of instruction prior to student having direct patient contact; the 16 hours must include: Communication and interpersonal skills, infection control, safety/emergency procedures, promoting residents' independence, respecting residents' rights.
A minimum of 16 hours of supervised practical instruction with enough instructors to ensure safe and effective care; the instructor ratio may not exceed eight students for one instructor.
 Instruction in each of the following content areas (see ARSD 44:04:18:15 for more detail): Basic rursing skills (including documentation) including: vital signs; height and weight; client environment needs; recognizing abnormal changes in body functioning and the importance of reporting such changes to a supervisor; and caring for dying clients; Personal care skills, including: bathing; grooming, including mouth care; dressing; tolleting; assisting with eating and hydration; feeding techniques; skin care; and transfers, positioning, and turning;



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	developmental tasks associated with aging pr	responding appropriately to behaviors; awareness of rocess; respecting personal choices and preserving client
	dignity and recognizing sources of emotiona	il support; g: communication and techniques for addressing unique
	needs and behaviors; Basic restorative nursing services, including: eating, and dressing; range of motion; turning and training; and care and use of prosthetic	self-care; use of assistive devices in transferring; ambulation, ag and positioning in bed and chair; bowel and bladder care and orthotic devices:
	Residents' rights, including: privacy and conf	identiality; self-determination; reporting grievances and s; security of personal possessions; promoting an and neglect and requirement to report; avoiding restraints.
Program Coord	linator Signature: <u>Allay'a</u> £	istiredt Date: 1/7/14
This section to	be completed by the South Dakota Boar	
Date Application	Received:	Date Application Denied:
Date Approved:	2719/10	Reason for Denial:
Expiration Date		
Board Represer	rtative: Souther	
Date Notice Ser	nt to Institution: 2/1/	

Oceober 20, 2011